



Senate

General Assembly

File No. 596

January Session, 2009

Substitute Senate Bill No. 1010

Senate, April 9, 2009

The Committee on Public Health reported through SEN. HARRIS of the 5th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2009*) (a) As used in this
2 section:

3 (1) "Infectious disease" includes (A) infectious pulmonary
4 tuberculosis, (B) hepatitis A, (C) hepatitis B, (D) hepatitis C, (E) human
5 immunodeficiency virus (HIV), including acquired immunodeficiency
6 syndrome (AIDS), (F) diphtheria, (G) pandemic flu, (H) methicillin-
7 resistant staphylococcus aureus (MRSA), (I) hemorrhagic fevers, (J)
8 meningococcal disease, (K) plague, and (L) rabies;

9 (2) "Exposure" means a percutaneous or mucous membrane
10 exposure of an individual to the blood, semen, vaginal secretions, or
11 spinal, synovial, pleural, peritoneal, pericardial or amniotic fluid of
12 another person;

13 (3) "Patient" means a person, whether alive or dead, who has been
14 attended, treated, assisted, handled or transported for medical care by
15 an emergency services member as a result of an emergency;

16 (4) "Emergency services member" means any police officer as
17 defined in section 7-294a of the general statutes, member of a paid or
18 volunteer fire department, emergency medical technician, ambulance
19 driver, or paramedic as defined in section 19a-175 of the general
20 statutes, when acting in an official capacity;

21 (5) "Emergency medical technician" means any class of emergency
22 medical technician certified under regulations adopted pursuant to
23 section 19a-179 of the general statutes, including, but not limited to,
24 any emergency medical technician-intermediate or medical response
25 technician;

26 (6) "Emergency services organization" means the Division of State
27 Police within the Department of Public Safety, an organized local
28 police department, municipal constabulary, paid or volunteer fire
29 department, ambulance company or any organization whether public,
30 private or voluntary that offers transportation or treatment services to
31 patients under emergency conditions;

32 (7) "Hospital" has the same meaning as in section 19a-490 of the
33 general statutes; and

34 (8) "Designated officer" means the employee or volunteer of an
35 emergency services organization designated in accordance with
36 subsection (b) of this section.

37 (b) Each emergency services organization shall designate one
38 employee or volunteer to act as the designated officer to receive
39 notification of cases of possible exposure to infectious disease,
40 investigate cases of possible exposure, maintain hospital contact
41 information, request further information from hospitals and maintain
42 any records required under this section.

43 (c) (1) Any hospital that diagnoses a patient as having infectious

44 pulmonary tuberculosis shall verbally notify the designated officer of
45 the emergency services organization that attended, treated, assisted,
46 handled or transported such patient no later than forty-eight hours
47 after making such a diagnosis, and shall make such notification in
48 writing not later than seventy-two hours after such diagnosis. Such
49 notification shall include, but not be limited to, the diagnosis and the
50 date on which the patient was attended, treated, assisted, handled or
51 transported as a result of an emergency to such hospital, provided the
52 identity of the patient shall not be disclosed in any such notification.

53 (2) Any hospital that determines that a patient, who died at or
54 before reaching such hospital and who was attended, treated, assisted,
55 handled or transported by an emergency services member, had
56 infectious pulmonary tuberculosis shall notify the designated officer of
57 such determination no later than forty-eight hours after making such
58 determination.

59 (d) (1) Any member of an emergency service organization who
60 believes that he or she may have been exposed to an infectious disease
61 through the member's contact with a patient who was attended,
62 treated, assisted, handled or transported by the member shall report
63 such possible exposure to the designated officer. The designated officer
64 shall immediately collect the facts surrounding such incident of
65 possible exposure and evaluate such facts to make a determination of
66 whether it would be reasonable to believe that the member may have
67 been exposed to an infectious disease. If the designated officer
68 determines that there may have been exposure to an infectious disease,
69 the designated officer shall submit a written request to the hospital
70 that received the patient requesting to be notified of the results of any
71 test performed on the patient to determine the presence of an
72 infectious disease. The request shall include:

73 (A) The name, address and telephone number of the designated
74 officer submitting the request;

75 (B) The name of the designated officer's employer or, in the case of a
76 volunteer emergency services member, the entity for which the

77 designated officer volunteers, and the name and contact information of
78 the emergency services member who may have been exposed to the
79 infectious disease; and

80 (C) The date, time, location and manner of the possible exposure.

81 (2) Such request shall be valid for ten days after it is made. If at the
82 end of such ten-day period no test has been performed to determine
83 the presence of an infectious disease, no diagnosis has been made or
84 the result of the test is negative, the hospital shall so notify the
85 designated officer who made the request. The notification shall not
86 include the name of the patient.

87 (3) Any hospital that receives a written request for notification shall
88 give an oral notification of the presence of an infectious disease or of a
89 confirmed positive test result, if known, to the designated officer no
90 later than forty-eight hours after receiving such request, and shall send
91 a written notification no later than three days after receiving such
92 request. If an infectious disease is present or the test results are
93 confirmed positive, both the oral and written notification shall include
94 the name of the infectious disease and the date on which the patient
95 was attended, treated, assisted, handled or transported by the
96 emergency services organization. Such notification shall not disclose
97 the name of the patient.

98 (4) If a designated officer makes a request pursuant to this
99 subsection and the patient has died at, or before reaching, the hospital
100 receiving such request, the hospital shall provide a copy of the request
101 to the medical facility ascertaining the cause of death if such facility is
102 not the hospital that received the original request.

103 (e) No cause of action for damages shall arise, or any civil penalty be
104 imposed, against any hospital or any designated officer for failure to
105 comply with the duties established by this section.

This act shall take effect as follows and shall amend the following sections:

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill requires emergency service organizations, including police, fire, ambulance, and other emergency response organizations, to designate an employee or volunteer to act as a designated officer to receive and follow-up on notification from hospitals regarding possible exposure to infectious diseases. It is anticipated that this could be accommodated within the normal course of employee or volunteer duties at no additional cost to the state or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 1010*****AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES
AND EMERGENCY RESPONDERS.*****SUMMARY:**

This bill requires hospitals to timely notify an emergency service organization (ESO) when a patient the ESO attended, treated, assisted, handled, or transported to the hospital is diagnosed with infectious pulmonary tuberculosis (but not other infectious diseases). The bill prohibits the hospital from revealing the patient's identity.

The bill requires each ESO to designate an employee or volunteer to (1) receive the notification; (2) initiate notification requests in cases where an ESO member or volunteer reports possible exposure to an infectious disease, including TB; and (3) perform related functions with regard to infectious diseases.

Under the bill, "infectious diseases" include (1) infectious pulmonary tuberculosis; (2) hepatitis A, B, or C; (3) human immunodeficiency virus ("HIV"), including "AIDS"; (4) diphtheria; (5) pandemic flu; (6) methicillin-resistant staphylococcus aureus (MRSA); (7) hemorrhagic fevers; (8) meningococcal disease; (9) plague; and (10) rabies. "Exposure" means "percutaneous or mucous membrane exposure to the blood, semen, vaginal secretions, or spinal synovial, pleural, peritoneal, pericardial or amniotic fluid of another person."

EFFECTIVE DATE: October 1, 2009

HOSPITAL NOTIFICATION

If a patient (alive or dead) treated, attended, assisted, handled, or transported to a hospital by ESO personnel is diagnosed with infectious pulmonary tuberculosis, the bill requires the hospital to

notify the ESO's designated officer verbally, no later than 48 hours, and in writing, no later than 72 hours, after the diagnosis. The notice must include the diagnosis and the date when the patient was attended, treated, assisted, handled, or transported to the hospital because of an emergency. It must not include the patient's identity.

If the patient dies at or before reaching the hospital, the hospital must, if it determines that the deceased had infectious pulmonary tuberculosis, notify the ESO's designated officer no later than 48 hours after the determination.

Under the bill, ESOs are the state and local police departments; paid or volunteer fire departments; municipal constabularies; ambulance companies; and public, private, or volunteer organizations that provide emergency transportation or treatment to patients. An "emergency services member" means any of the following, acting in his or her official capacity: police officer, appointed constable who performs criminal law enforcement duties, special police officer, member of a law enforcement unit who performs police duties, firefighter, emergency medical technician, ambulance driver, or paramedic.

DESIGNATED OFFICERS

The bill requires each ESO to designate an employee or volunteer to:

1. receive notification of cases of possible exposure to infectious diseases,
2. investigate cases of possible exposure,
3. maintain hospital contact information,
4. request further information from hospitals, and
5. and maintain pertinent records.

REQUESTS FOR HOSPITAL INFORMATION

An ESO member who believes that he or she may have been

exposed to an infectious disease through contact with a patient he or she treated, assisted, attended, handled, or transported must report such possible exposure to the EMO's designated officer.

The officer must immediately collect and evaluate the facts to determine if it is reasonable to believe that the member may have been exposed to an infectious disease. An officer who determines any such possible exposure must submit a written request to the hospital that received the patient, asking to be notified of the results of any test performed to determine if the patient had an infectious disease.

The request must include the:

1. officer's name, address, and telephone number;
2. officer's employer or, in the case of a volunteer ESO member, the entity for which the officer volunteers;
3. name and contact information of the ESO member who was possibly exposed to the infectious disease; and
4. date, time, location, and manner of exposure.

A request is valid for 10 days after it is made. The hospital must notify the officer who made the request if, after 10 days, no infectious disease test is performed, no diagnosis is made, or the test result is negative. The notice must not include the patient's name.

HOSPITAL RESPONSE TO NOTIFICATION REQUESTS

A hospital that receives a written request for notification must notify the designated officer if the patient has, or tested positive for, an infectious disease. It must provide verbal notice, no later than 48 hours, and written notice, no later than three days, after receiving the request.

If the test is positive for an infectious disease, both the oral and written notice must include the name of the disease and the date when the ESO member attended, treated, assisted, handled, or transported

the patient. It must not include the patient's name.

If an officer requests information on a patient who died at or before reaching the hospital, the hospital must provide a copy of the request to the medical facility that determined the cause of the death.

LIABILITY

The bill specifies that no cause of action for damages may arise against, or any civil penalty imposed on, a hospital or designated officer who fails to comply with the duties specified in the bill.

COMMITTEE ACTION

Public Safety and Security Committee

Joint Favorable Substitute Change of Reference

Yea 21 Nay 0 (03/10/2009)

Public Health Committee

Joint Favorable

Yea 29 Nay 0 (03/25/2009)